PTO/SB/06 (08-03

	_ Approved	for use th	rough 7/31.	/2006. OMI	B 0651-003
J.S. Patent and	Trademark O	211-a-111	DEDADTA	JENIT OF	> 144 FD~

	Inder the Paperv	vork Reduction Act	of 1995, i	no persons are rec	uired to respon	o a collection of t	Mormation unl	ess it displ	DEPARTMENT (lays a valid OMB	ONMERCE CONTROL
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unler PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875								Application or Docket Number		
	.RCT							4//		$\Psi / \overline{}$
CLAIMS AS FILED - PART I (Column 1) (Column 2)				olumn 2)	SMALL	SMALL ENTITY		OTHER THAN SMALL ENTITY		
FOR NUMBER FILED NUMBER EXTRA					BER EXTRA	RATE	FEE	7	DATE	· ·
BASIC FEE (37 CFR 1.16(a))					\$	OR	RATE	57900		
(37	TAL CLAIMS CFR 1.16(c))	12	minus 2	20 = .		x \$=		OR	x \$=	-
	DEPENDENT CLA CFR 1.16(b))	3	minus	3 = •	· · · · · · · · · · · · · · · · · · ·	X \$ =		OR	x s =	
MU	LTIPLE DEPEND	ENT CLAIM PRESE	ENT	(37 CFR 1.16(d))	+5 =		OR	+s =		
• It	* If the difference in column 1 is less than zero, enter "0" in column 2.					TOTAL		OR		790 4
		CLAIMS AS AN				. •			TOTAL	7 70.
				PEARTI						
	· · · · · · · · · · · · · · · · · · ·	(Column 1)		(Column 2)	(Column 3)	SMALL	ENTITY	OR		R THAN ENTITY
<		CLAIMS REMAINING		HIGHEST NUMBER	PRESENT	RATE	ADDI-		RATE	
ENT		AFTER AMENDMENT	_	PREVIOUSLY PAID FOR	EXTRA		TIONAL		POLIE	ADDI- TIONAL FEE
AMENDMEN	Total (37 CFR 1.16(c))	•	Minus	••	=	x \$=		OR	x s_ =	166
MEN	Independent (37 CFR 1.16(b))	•	Minus	***	=	X \$=		OR	x s_ =	
₹	FIRST PRESEN	TATION OF MULTIP	E DEPEND	ENT CLAIM (37 CF	FR 1.16(d))	+\$ =		OR	+s =	
		•				TOTAL ADD'L FEE			TOTAL	
		(Column 1)		/O-1 0		ADULTEE		OR	ADD'L FEE	
		(Column 1) CLAIMS	Τ	(Column 2) HIGHEST	(Column 3)		· · · · · · · · · · · · · · · · · · ·	Ī		·
T 8		REMAINING		NUMBER	PRESENT	RATE	ADDI-		· RATE	ADDI-
Z		AFTER AMENDMENT		PREVIOUSLY PAID FOR	EXTRA		TIONAL FEE			TIONAL
M	Total (37 CFR 1.16(c))	•	Minus	••	=	x \$. =	1,22			FEE
AMENDMENT	Independent (37 CFR 1.16(b))	•	Minus .	***	=			OR	X \$=	
AM	FIRST PRESENT	TATION OF MULTIPL	L DEPEND	ENT CLAIM (37 CE	R 1 16/40	X \$=		OR	X \$=	
				2 0 (0 0)	1.10(u))	<u>+ \$ = </u> TOTAL		OR	+ \$ = TOTAL	
						ADD'L FEE	·	OR	ADD'L FEE	
		(Column 1)		(Column 2)	(Column 3)	-				
O		CLAIMS REMAINING		HIGHEST NUMBER	PRESENT	5475	4.5.5.			
닐		AFTER AMENDMENT		PREVIOUSLY	EXTRA	RATE	ADDI- TIONAL		RATE	ADDI- TIONAL
ME	Total (37 CFR 1.16(c))	*	Minus	PAID FOR	=	-	FEE			FEE
MENDMENT	Independent (37 CFR 1.16(b))	•	Minus	***	=	X \$=		OR	x s=	
AM		ATION OF MUTIDIA	DEDENING	ENT CLAUL (22.22)		X \$=		OR	X \$=	
1	- TOTAL PRESENT	ATION OF MULTIPLE	- UEPENUL	ENT CLAIM (37 CF)	< 1.16(d))	+ \$ =		OR	+ \$ =	
•	If the entry in or	olumn 1 is less that	n the entr	in column 2 ······	. *O* in anti-	ADD'L FEE		OR	ADD'L FEE	
***	Trithe "Highest N	Number Previously	Paid For	IN THIS SPACE is	s less than 20 a	nter *20*				
"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.										
	llastian of infan						··· — — PPI UPI IGILE		MILLI I.	

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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DATEM	T A DD1 10 A TI	no persons are re	equired to respond	to a collection of in	formation unl	ess it displ	ays a valid OMB	control number	
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unle PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875							Application or Docket Number 3		
CLAIMS AS FILED - PART I									
(Column 1) (Column 2)			SMALL	SMALL ENTITY		OTHER THAN SMALL ENTITY			
FOR NUMBER FILED NUMBER EXTRA		RATE	FEE		RATE	FEE			
BASIC FEE (37 CFR 1.16(a))			\$	OR		.7706			
TOTAL CLAIMS (37 CFR 1.16(c)) Ominus 20 = 1000		X \$ =		OR	x \$ =	*,			
INDEPENDENT CLAIMS (37 CFR 1.16(b))	3 minus	3 = •		X \$ =	 				
MULTIPLE DEPENDENT C	MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))					OR OR	X \$=		
* If the difference in colum	* If the difference in column 1 is less than zero, enter "0" in column 2.					OR	TOTAL	7706	
CLAIN	IS AS AMENDE	D – PART II		TOTAL		1	TOTAL	(1 /0,	
C17.1521						00	OTHER	R THAN	
	olumn 1) CLAIMS	(Column 2)	(Column 3)	SMALL	ENTITY	OR 1		ENTITY	
5	EMAINING AFTER	NUMBER PREVIOUSLY	PRESENT EXTRA	RATE	ADDI- TIONAL		RATE	ADDI-	
Total *	ENDMENT Minu	PAID FOR	=		FEE			TIONAL FEE	
(37 CFR 1.16(c))	3 Minu		-	x \$=		OR	x \$=	<u>ب</u>	
Total (37 CFR 1.16(c)) Independent (37 CFR 1.16(b))	9	3		x \$=		OR	x \$=		
FIRST PRESENTATION	OF MULTIPLE DEPE	IDENT CLAIM (37	CFR 1.16(d))	+ \$=		OR	+\$ =		
				TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE		
11.30.04 a	olumn 1)	(Column 2)	(Column 3)				VDD F LEE		
	LAIMS MAINING	HIGHEST	PRESENT						
Z AME	AFTER ENDMENT	NUMBER PREVIOUSLY PAID FOR		RATE	ADDI- TIONAL		RATE	ADDI- TIONAL	
Total (37 CFR 1.16(c))	Minus		=		FEE			FEE	
Total (37 CFR 1.16(c)) Independent (37 CFR 1.16(b))	3 Minus	7 3	=	X \$=		OR	X \$=		
EIRST PRESENTATION	OF MULTIPLE DEPO			X \$=		OR	X \$=		
FIRST PRESENTATION	+ \$ = TOTAL		OR	+\$_=					
2906				ADD'L FEE		OR	TOTAL ADD'L FEE		
	lumn 1)	(Column 2)	(Column 3)			_		Δ.	
REI	MAINING FTER	HIGHEST NUMBER	PRESENT	RATE	ADDI-		RATE	ADDI-	
Z AME	NDMENT	PREVIOUSLY PAID FOR	EXTRA		TIONAL FEE		-	TIONAL FEE	
Total (37 CFR 1.16(c)) Independent	Minus	20	= -	x \$=		OR	x s=	9	
Z Independent (37 CFR 1.16(b))	Minus	3	= _	x \$=		OR	x \$=	<u></u>	
FIRST PRESENTATION	OF MULTIPLE DEPEN	DENT CLAIM (37 C	FR 1.16(d))	+ \$=	·	OR	+ \$ =		
				TOTAL ADD'L FEE		OR .	TOTAL ADD'L FEE		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20"									
"" If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.									

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